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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 04/26/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <u>Allowance</u> Examiner's Signature _____ Initials _____	STATE OR COUNTRY WA	SHEETS DRAWING 3	TOTAL CLAIMS 79	INDEPENDENT CLAIMS 4
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ADDRESS  
 MEDTRONIC EMERGENCY RESPONSE SYSTEMS INC.  
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TITLE  
 Apparatus and methods for documenting myocardial ischemia

FILING FEE  RECEIVED 1918	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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